

County of San Bernardino

F A S

STANDARD CONTRACT

FOR COUNTY USE ONLY													
Е		New	Vendor Code				Dept.		Contract Number				
М	Χ	Change				SC		Α	2000-34 A-1				
Х		Cancel							7 1				
Со	unt	y Departm	ent				Dept.	Org.		Contractor's License No.			
Arrowhead Regional Medical Center					enter								
Со	County Department Contract Represe					itative	Ph. Ext.		Amount of Contract				
N	Mark H. Uffer, Director						580-6150		Varies				
F	und	d Dep	ot.	Organizat	ion	Appr.	Obj/R	ev Sour	се	Activity GRC/PROJ/JOB Numb		mber	
E	Α[O MC	R	MCR		200	2445	5					
	Commodity Code						Estin	nated Pa	aymo	ent Total by	/ Fiscal `	Year	
						FY	Amo	unt	1/1) F	Υ	Amount	I/D
	Project Name												
F	Primary Care Services to												
C	CMSP Patients												

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and Name

Name					
	Arlene Braham, MD		hereinafter called	Provider	
Addres	SS				
	14274 Monte Verde Road				
	Apple Valley, California 92307				
Phone	Birth D	ate			
	(760) 242-1459				
Federa	al ID No. or Social Security No.		•		
	098-54-8014				

IT IS HEREBY AGREED AS FOLLOWS:

(Use space below and additional bond sheets. Set forth service to be rendered, amount to be paid, manner of payment, time for performance or completion, determination of satisfactory performance and cause for termination, other terms and conditions, and attach plans, specifications, and addenda, if any.)

AMENDMENT # 1

Amend contract No. 2000-34 in the following manner:

DELETE Section 4.01 and **ADD** new Section 4.01 as follows:

Provider shall be paid at the agreed upon rate of \$13.50 per member per month. An eligible person will be enrolled for up to twelve (12) months from the date of application unless such person ceases to be eligible for CMSP benefits or requests and is granted a change of primary care providers.

All other terms and conditions of Contract No. 2000-34 remain unchanged.

/					
/					
/					
/					
/					
/					
/					
/					
/					
/					
/					
/					
/					
/					
/					
/					
/					
/					
/					
/					
/					
/					
/					
/					
/					
/					
/					
COUNTY OF SAN BERNARDINO		Arl	ene Braham	, MD	
				corporation, company, contractor, etc.)	
>		Ву _►			
Chairman, Board of Supervisors		Бу	(Authorize	ed signature - sign in blue ink)	
Dated:		Name	Arlene Bra	ham, MD	
				pe name of person signing contract)	
SIGNED AND CERTIFIED THAT A COPY		T:41 -			
DOCUMENT HAS BEEN DELIVERED TO CHAIRMAN OF THE BOARD	INE	riue		(Print or Type)	
Clerk of the Board of S	Supervisors	Dated: _		(, , , , , , , , , , , , , , , , , , ,	
of the County of San E	Bernardino.				
Bv		Address	s 14274 M	onte Verde Road	
By					
			Apple Va	ılley, Ca 92307	
Approved as to Legal Form	Reviewed by Contract C	ompliance		Reviewed for Processing	
_					
County Counsel	<u> </u>			Agency Administrator/CAO	
	1			gono, raminonaton ono	

Date	Date	Date